

Hantavirus Pulmonary Syndrome Case Report Form (Form Approved OMB 0920-0009)

Circle correct response.
Date form: mm/dd/yy
Unk = Unknown

Case-patient Identification
Number

- -
FIPS- Year-

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Case-patient's last name

First name

Middle name

Street Address

City

County

State

Zip

()

Home Telephone

Date of birth: **Age:**

Sex:
Male Female

Race:

White

Black

Asian/
Pacific Islander

American
Indian/
Alaska Native

Other:

Ethnicity: Hispanic Non-Hispanic Unk.

Occupation: _____

Onset date: ____/____/____

**Was patient
Hospitalized?**

Yes

No

Unknown

Number of times hospitalized since onset of illness: _____

1st Hospitalization

2nd Hospitalization

Name of Hospital:

Location of Hospital:

Dates in Hospital:

to

to

Record Number:

Did the patient have any of the following?

Fever>101 F or>38.3 C:

Yes

No

Unk.

Highest Fever:

Thrombocytopenia (platelets 150,000 mm³):

Yes

No

Unk.

Lowest platelet count:

Elevated Hematocrit (Hct):

Yes

No

Unk.

Highest Hct:

Elevated creatinine:

Yes

No

Unk.

Highest creatinine:

WBC: _____

Total Neutrophils: _____(%)

Banded Neutrophils: _____(%)

Lymphocytes: _____(%)

CXR with unexplained bilateral interstitial infiltrates or suggestive of ARDS?

Yes

No

Unk.

Date:

Respiratory compromise requiring supplemental oxygen?

Yes

No

Unk.

Oxygen saturation <90% at any time?

Yes

No

Unk.

Was the patient intubated?

Yes

No

Unk.

Date:

Has the patient received ribavirin?

Yes

No

Unk.

History of any relevant underlying medical conditions (i.e. COPD, malignancy, immunosuppression, diabetes)?

Other possible explanations for acute illness (i.e. sepsis, burns, trauma)?

	Alive	Dead	Unk.	If deceased, date of death: ____/____/____
Outcome of illness?				
Was an autopsy performed?	Yes	No	Unk.	
If yes, was exam compatible with non-cardiogenic pulmonary edema?	Yes	No	Unk.	
Are tissue specimens (fresh-frozen or paraffin blocks) available for testing?	Yes	No	Unk.	
Is serum/blood specimen available for testing for hantavirus infection?	Yes	No	Unk.	
Has a specimen been tested for hantavirus infection at another laboratory?	Yes	No	Unk.	

If yes, where?	Type of specimen?	Results (i.e. titer, OD)?
_____	_____	_____

History of any rodent exposure in 6 weeks prior to onset of illness?	Yes	No	Unk.
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If yes, date of contact: ____/____/____

Mouse Rat Other: Unk.

Type of rodent:

Place of Contact (town, county, state): _____

Comment:

State Health Dept. reporting case: _____ State/local ID Number: _____

Date form completed: ____/____/____

Person completing report: _____

Phone number: (____)____-____

Name of patient's physician: _____

Phone number: (____)____-____

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, GA 30333; ATTN: PRA (0920-0009). Centers for Disease Control and Prevention
Revised August 2002

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Special Pathogens Branch
Division of Viral and Rickettsial Diseases
National Center for Infectious Diseases
The Centers for Disease Control and Prevention (CDC)

U.S. Department of Health and Human Services